



PEC UPDATE

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The Uniformed Services Prescription Database Project

The Uniformed Services Prescription Database Project (USPDP) was initiated to perform pharmacoepidemiologic health-services research on prescribed medications among health care beneficiaries of the Military Health Service System (MHSS). The project is based on information obtained during a pilot project to develop a research and analytical tool for all of the Uniformed Services. The project, personnel, and equipment were moved to the PEC in September 1996.

The goal of the USPDP is to provide comprehensive intelligence on medication use, regardless of health care delivery setting. This goal will be reached by turning resource-utilization data into information useful to the Uniformed Services for policy decisions, education, Tri-Service Formulary changes, or other action.

The medical application of the USPDP is for compilation of reliable data regarding incidence and prevalence of ambulatory prescription use among the DOD beneficiary population. The compiled data will quantify the use of prescribed medications among active duty members of all uniformed services, active duty family members, and retirees and their family members, and will provide presumptive evidence of ambulatory health services received by these persons.

Once baseline data have been gathered, subsequent analyses will detect changes (improvements or decrements) in the health of groups of military beneficiaries. Data will also be sought to describe, in epidemiologic fashion, the influence of age and gender on use of prescribed maintenance medications. The knowledge gained from analyzing the data contained in the USPDP:

- enhances military readiness through analysis of medications needed by active-duty personnel in the field;

- optimizes resource use through analysis of cost-effective therapies and compliance, decreasing utilization and costs;
- analyzes the provision of an equitable and consistent prescription benefit to all beneficiaries; and
- provides indicators of quality medication use.

As we go through the current period of "rightsizing," military medicine is shifting its focus to triservice care. Participation in the USPDP from all branches of service will ensure a broader perspective in gathering comprehensive drug intelligence that will represent all facets of DOD pharmacy. Additionally, triservice participation ensures that information used to form policies for the future will be from a triservice base of information. The USPDP has been endorsed by the Pharmacy Consultants to the Surgeons General of the Air Force, Army, and the Navy as a triservice effort. As of November 1996, the USPDP consisted of 33,472,010 prescription records for 2,368,791 people at 38 sites, primarily from Army and Navy hospitals and clinics.

DOD hospital and clinic data from the Composite Health Care System (CHCS) is being forwarded to the USPDP in a prescribed format to allow the information to become an integral part of the database. If you have not yet contributed your pharmacy information to the database, contact Mr. Gary Bartel at the PEC at DSN 471-5597 or commercial (210) 221-5597. Mr. Bartel will be able to supply you with a CHCS template and a mechanism for downloading the information from your system so that it may become part of the USPDP.

Local Use of PEC Update Articles

Need ideas for your MTF pharmacy newsletter? Why not use some of the information published in the PEC Update. The PEC encourages MTFs to disseminate the monthly Update information directly to all providers or through local newsletters, P & T Committee meeting minutes, electronic mail messages, or other mechanisms.

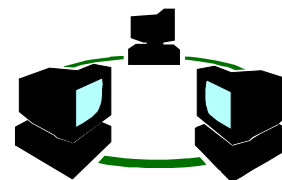
1997 Ambulatory Care Pharmacist Conference

The 1997 PEC Ambulatory Care Pharmacist Conference is scheduled for January 26-29, 1997, and will be held at the Hilton Palacio del Rio on the Riverwalk in San Antonio, Texas. The focus of this year's conference is on assessing and applying therapeutic data to develop disease management programs.

If you are interested in attending the conference, please contact Jill Williams at The University of Texas, College of Pharmacy at (512) 471-6213, or Eugene Moore, Pharm.D. at the PEC.

FDA Drug Information on the Internet

The Food and Drug Administration (FDA) plans to disseminate monthly summaries of safety-related labeling changes for medications through a MedWatch Internet site. The MedWatch office will gather approval letters and revised package inserts for new labeling supplements and condense the information into a summary paragraph. This summary will include the generic and brand name of the drug, the labeling sections that have been changed, and a description of the labeling changes. Any changes to the clinical pharmacology, contraindications, warnings, precautions, adverse reactions, or overdose sections of the label as well as the addition of a boxed warning will be included in the summary information. In addition to the Internet, these summaries will be published in the FDA's Medical Bulletin and distributed to health professional organizations.



Adverse event reporting will also be available through the Internet site. Users will be able to print a hard copy of the adverse event forms or download software to enable them to complete the form on their computer and sent a hard copy to the FDA. In the future, the FDA plans to allow electronic reporting of adverse events. Currently adverse events can be reported by phone (1-800-FDA-1088) or fax (1-800-FDA-0178).

This and other drug-related information are available through the FDA's Internet site at:

<http://www.fda.gov/cder/drug.htm>

Adapted from:

» *F-D-C Reports* 1996;58(44):3-4.

» Rheinstein PH, McGinnis TJ. Ways to access FDA information. *Am Fam Physician* 1996;54:353-8.



The PEC is evaluating data and developing pharmacoeconomic models for two disease states that have previously been reviewed: acid-peptic diseases and major depression. Additionally, in conjunction with the review of non-insulin-dependent diabetes mellitus, the PEC is reviewing blood glucose monitors and test strips. Acid-peptic diseases was originally reviewed in PEC Update 94-09 (25 July 1994); however, since the original review, new data have been reported regarding peptic ulcer disease and *Helicobacter pylori*, and new drugs or generics have come to the market. Major depression was reviewed in PEC Update 95-02 (10 November 1994); since the original review several new antidepressants are available.

To help us develop the most appropriate models for these disease states, we would like to hear how practitioners in the field are managing patients with major depression or acid-peptic diseases (to include

treatment of *H pylori*, gastroesophageal reflux disease (GERD), and non-ulcer dyspepsia). Additionally, we would like to know how blood glucose monitors and test strips are provided to patients in your facility.

The PEC also is interested in any treatment protocols, results of drug usage evaluations, data from outcomes studies, innovative patient education programs or monitoring tools, or any other information related to the diagnosis and treatment of these diseases that you are willing to share.

If you have questions or information regarding the acid-peptic disease review, please contact CAPT Stew Reeves at (210) 221-5596. Any questions or comments regarding the major depression review should be referred to COL Ernie Sutton at (210) 221-4217. Finally, if you have information regarding or questions about the review of blood glucose monitors and test strips, please contact Maj Greg Russie at (210) 221-4514.

In the Literature..... Treatment Guidelines

Several treatment guidelines have recently been published in the literature. These guidelines are listed below by sponsoring organization for information only and are intended to provide additional reference resources that your facility may consider utilizing.

American College of Cardiology/American Heart Association

Ryan TJ, Anderson JL, Antman EM, Braniff BA, Brooks NH, Califf RM, Hillis LD, et al. ACC/AHA guidelines for the management of patients with acute myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on Management of Acute Myocardial Infarction). *J Am Coll Cardiol* 1996;28:1328-428.

An executive summary and listing of recommendations are also published in *Circulation* 1996;94:2341-50.

Single reprints of the complete guidelines (reprint No. 71-0094) and executive summary (reprint No. 71-0092) are available by calling 1-800-253-4646 or 1-800-242-8721.

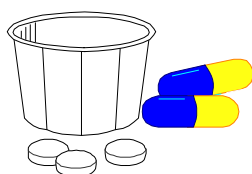
American College of Rheumatology

American College of Rheumatology Task Force on Osteoporosis Guidelines. Recommendations for the prevention and treatment of glucocorticoid-induced osteoporosis. *Arthritis Rheum* 1996;39:1791-801.

American Heart Association

Adams HP, Brott TG, Furlan AJ, Gomez CR, Grotta J, Helgason CM, Kwiatkowski T, et al. Guidelines for thrombolytic therapy for acute stroke: a supplement to the guidelines for the management of patients with acute ischemic stroke. *Circulation* 1996;94:1167-74.

Medication Error Recommendations



The National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP) has formulated recommendations to reduce the potential for medication errors.

These recommendations were formulated after a review of reports received through the USP

Medication Errors Reporting Program, and are listed below. NCCMERP is developing an indexing system to help standardize the error reporting process and categorize the severity of errors.

- Prescription documents must be legible. Prescribers should move to a computerized, direct order entry system.
- Prescription orders should include a brief description of purpose (e.g., for pain, for high blood pressure, etc), unless considered inappropriate by the prescriber.
- All prescription orders should be written in the metric system except for therapies that use standard units, such as insulin, vitamins, etc. Units should be spelled out rather than writing "u."
- Prescriber should include age, and when appropriate, weight of the patient on the medication order.
- Medication orders should include the medication name, exact metric weight or concentration, and dosage form.
- A leading zero should always precede a decimal expression less than one (e.g., "0.1" not ".1"). A terminal or trailing zero should never be used after a decimal (e.g., "1" not "1.0").
- Avoid the use of abbreviations, including those for drug names (e.g., HCTZ, AZT, MOM, etc.).
- Vague instructions such as "take/use as needed" or "take as directed" should not be used as the sole direction for use of a medication.

Adapted from:

- » *ASHP Newsletter* 1996;29(11):8.
- » *F-D-C Reports* 1996;58(34):T&G 4-5.

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